2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI

Zip

P02000064163 **DOCUMENT #**

1. Entity Name

SUITE 101 C

TAMPA FL 33602

Principal Place of Business

2. Principal Place of Business

500 E. KENNEDY BLVD.

Suite, Apt. #, etc.

City & State

Zip

BAYSHORE CONNECTIONS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90136 003 ***150.00

| Mailing Address 500 E. KENNEDY BLVD. SUITE 101 C TAMPA FL 33602 | | (1)1 1 61 |
|--|--------------------------------|------------------|
| 3. Mailing Address | | |
| Suite, Apt. #, etc. | ☐ CHECK HERE IF MAKING CHANGES | |
| City & State | 4. FEI Number Applie | d For |

5. Certificate of Status Desired

| | , | · | - | 5. Certificate of Status Desired | Fee Required | |
|---|----|---|---|---|--------------|--|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| | | | Name | | | |
| BAKER, PETER 500 E. KENNED | | ا منتهم معتبل الدارات الروادة والمعتبل الدارات الروادة والمعتبل الدارات الروادة والمعتبل الدارات الدارات الدارات | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| SUITE 101 C | | | | | | |
| TAMPA FL 3360 |)2 | | City | | Zip Code | |

Country

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

| | : FILE NOW!!! | FEE IS \$150.00 |
|------|---------------------|----------------------------|
| | After May 1, 2003 | Fee will be \$550.00 |
| 44-1 | Charle Bayable to E | Incide Department of State |

Signature, typed or printed name of registered agent and title if applicable

Country

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

| 10. | O. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | IN 11 . |
|---------------------------------------|---|----------|---|--|----------|--------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAAVEDRA, CARLA J 2810 OLD BAYSHORE WAY TAMPA FL 33611 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ; , | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

■ Addition

Attachment

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 07-03-2002 NUMBER OF THIS NOTICE: CP 575 A EMPLOYER IDENTIFICATION NUMBER: 03-0463628 FORM: SS-4 0133027318 B

#P02000064163

FOR ASSISTANCE CALL US AT: 1-800-829-1040

BAYSHORE CONNECTIONS INC 2810 OLD BAYSHORE WAY TAMPA FL 33611

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 03-0463628. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.